

Texas EMS Conference 2003 - EXHIBITOR REGISTRATION FORM

Exhibit Show November 23-25, 2003 - Henry B. Gonzalez Convention Center
San Antonio, Texas

(Please type or print clearly)

18% administration fee charged on refunds—no refunds after 10/1/03

Firm Name _____
Contact Person _____
Address _____ City _____
State _____ Zip _____ e-mail address: _____
Phone _____ Area Code _____ Website: _____
FAX _____ Area Code _____ Type of product: _____
(Please be specific)

1. 2. See page 3 for special marketing/sponsorship opportunities: Have someone call and speak to:

Name _____

Phone No. (Area Code) _____

3. The registration fee includes two representatives per exhibit booth. Additional booth staff will be charged \$75 each—include this amount in your total. Attach a typed list to the back of this form if you need more room. (Please print clearly).

Last Name

First Name

Title/Certification

1. _____
2. _____
3. _____
4. _____

For exhibitor information: Call 512/834-6748
The floorplan is located at:
www.tdh.state.tx.us/hcqs/ems/03floor.htm

☐ Please check this box to verify that you have read the Rules and Regulations at our website at www.tdh.state.tx.us/ems/03conf

Exhibit hall client passes: No charge; not personalized. Number needed _____

Write in booth number(s) requests from the floorplan. The floorplan can change daily—choices are subject to availability and are not guaranteed.

1st choice (s) _____

2nd choice (s) _____

3rd choice (s) _____

☐ Let us choose for you

5. Please reserve the following exhibit space (s):

How many booths?

_____ 10' X 10' Booth @ \$825 \$ _____

_____ MULTIPLE 10' X 10' Booth(s)
(2 or more) @ \$800 each \$ _____

_____ 20' X 30' Ambulance space @ \$925 \$ _____

_____ MULTIPLE 20' X 30' Vehicle space
(2 or more) @ \$900 each \$ _____

_____ Extra booth staff @ \$75 each \$ _____

CALL 512/834-6748 FOR HELICOPTER PRICING \$ _____
Total Enclosed

☐ If registering before July 31, enclose at least 50% of the total exhibit fee to hold booths. I understand that the balance is due by Sept. 1, 2003.

If you don't make early registration (before 9/1), add \$100 per booth.

Make checks payable to:
Texas EMS Conference

Mailing address:
Texas EMS Conference
P.O. Box 100
Hutto, Texas 78634

Official Use Only

Date Rec'd. _____

Type of Pmt. _____
(If check, write #)

Amt. Rec'd. _____

☐ MC ☐ Visa ☐ AmExprss

Credit Card No: _____

Card Holder _____ Card Exp _____

Signature of Card Holder _____

If paying by credit card, you may fax your completed registration to: Fax 512/759-1719

YOU MAY REGISTER ONLINE AT WWW.TEXASEMSCONFERENCE.COM

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